Madigan Army Medical Center
Musculoskeletal Treatment Guidelines

SHOULDER DISLOCATION

Diagnosis/Definition

- Complete displacement of the humeral head from the glenoid fossa often caused by direct trauma. First time dislocations may require external force for reduction. Severe dislocations can have associated brachial plexopathies and vascular compromise.

Initial Diagnosis and Management

- History and physical exam.
- Plain radiographs (AP and lateral axillary, internal and external rotations).
- MRI/CT not indicated.
- Reduction should only be performed by a medical specialist trained in this procedure.
- Immobilize the shoulder for 2 weeks or until seen by therapist.
- Ice as needed for pain and swelling.
- NSAIDs.
  - Adults - 200 to 400 milligrams (mg) every four to six hours as needed for up to 2 weeks. Example: Ibuprofen
  - Take tablet or capsule forms of these medicines with a full glass (8 ounces) of water.
  - Do not lie down for about 15 to 30 minutes after taking the medicine. This helps to prevent irritation that may lead to trouble in swallowing.
  - To lessen stomach upset, these medicines should be taken with food or an antacid.
- Appropriate activity limitations.
- 72-hour consult to Physical Therapy (routine TRICARE Consult).

Ongoing Management and Objectives

- In cases not requiring, surgical intervention early mobilization and progressive rehabilitation usually results in the ability to return to full activity within 10 weeks.

Indication a profile is needed

- Any limitations that affect strength, range of motion, and general efficiency of upper arm, shoulder girdle, and upper back, including cervical and thoracic vertebrae.
- Slightly limited mobility of joints, muscular weakness, or other musculo-skeletal defects that may prevent hand-to-hand fighting and disqualifies for prolonged effort.

- Defects or impairments that require significant restriction of use

Specifications for the profile

- Week 1-4
  - No upper body PT
  - No overhead activities
  - Limited lifting
  - No ruck

Patient/Soldier education or Self Care Information

- See attached sheet
- Demonstrate deficits that exist
  - Describe/show soldier his/her limitations
- Explain injury and treatment methods
  - Use diagram attached to describe injury, location and treatment.
- Instruct and demonstrate rehab techniques
  - Demonstrate rehab exercises as shown in attached guide
  - Warm up before any sports activity
  - Participate in a conditioning program to build muscle strength
  - Do stretching exercises daily
- Ask the patient to demonstrate newly learned techniques and repeat any other instructions.
- Fine tune patient technique
  - Correct any incorrect ROM/stretching demonstrations or instructions by repeating and demonstrating information or exercise correctly.
- Encourage questions
  - Ask soldier if he or she has any questions
- Give supplements such as handouts
  - Schedule follow up visit
  - If pain persists
  - The pain does not improve as expected
  - Patient is having difficulty after three days of injury
  - Increased pain or swelling after the first three days
  - Patient has any questions regarding care

Indications for referral to Specialty Care

- Physical Therapy should be consulted within 72 hours for acute and chronic dislocations if radiographs are normal.
- Contact/consult orthopedics for fractures, suspected fractures, radiographic evidence of Bankart or Hill-Sachs lesion, neurologic or vascular compromise.
- Consult Orthopedic Surgery if there is no or slower than expected resolution.

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Referral criteria for Return to Primary Care

- Resolution of the acute or chronic symptoms.
- Patient meets discharge criteria/goals

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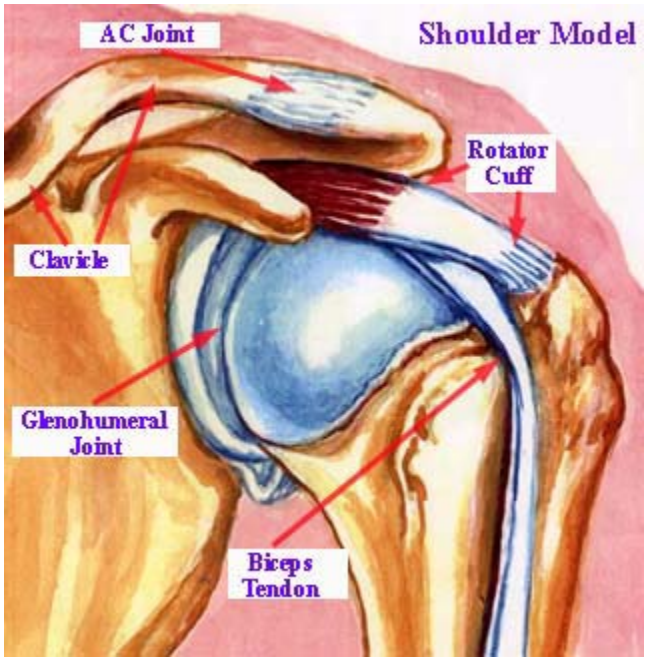
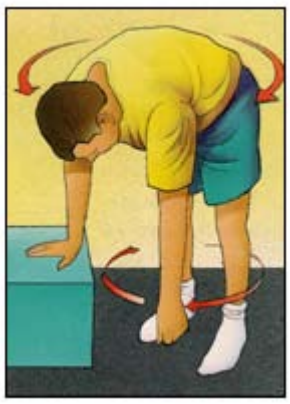


Exercises

Regular exercises to restore your normal shoulder motion and flexibility and a gradual return to everyday work and recreational activities are important for your full recovery. Your orthopaedic surgeon and physical therapist may recommend that you exercise from 10 to 15 minutes 2 or 3 times a day during your early recovery period. They may suggest some of the following exercises. This guide can help you better understand your exercise and activity program.



Pendulum, Circular - Bend forward 90 degrees at the waist, using a table for support. Rock body in a circular pattern to move arm clockwise 10 times, then counterclockwise 10 times. Do 3 sessions a day.

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Shoulder Flexion (Assistive) - Clasp hands together and lift arms above head.
Can be done lying down (drawing A) or sitting (drawing B). Keep elbows as straight as possible. Repeat 10 to 20 times. Do 3 sessions a day.

Supported Shoulder Rotation - Keep elbow in place and shoulder blades down and together. Slide forearm back and forth. Repeat 10 times. Do 3 sessions a day.

Walk Up Exercise (Active) - With elbow straight, use fingers to "crawl" up wall or doorframe as far as possible. Hold 10 seconds. Repeat 3 times. Do 3 sessions a day.

Shoulder Internal Rotation (Active) - Bring hand behind back and across to opposite side. Repeat 10 times. Do 3 sessions a day.

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Shoulder Flexion (Active) - Raise arm to point to ceiling, keeping elbows straight. Hold 10 seconds. Repeat 3 times. Do 3 sessions a day.

Shoulder Abduction (Active) - Raise arm out to side, elbow straight and palm downward. Do not shrug shoulder or tilt trunk. Hold 10 seconds. Repeat 3 times. Do 3 sessions a day.

Shoulder Extension (Isometric) - Stand with your back against the wall and your arms straight at your sides. Keeping your elbows straight, push your arms back into the wall. Hold for 5 seconds, then relax. Repeat 10 times.

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Shoulder External Rotation (Isometric) - Stand with the involved side of your body against a wall. Bend your elbow 90 degrees. Push your arm into the wall. Hold for 5 seconds, then relax. Repeat 10 times.

Shoulder Internal Rotation (Isometric) - Stand at a corner of a wall or in a doorframe. Place the involved arm against the wall around the corner, bending your elbow 90 degrees. Push your arm into the wall. Hold for 5 seconds, then relax. Repeat 10 times.

Shoulder Internal Rotation - Keep elbow bent at 90 degrees. Holding light weight, raise hand toward stomach. Slowly return. Repeat 10 times. Do 3 sessions a day.

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Shoulder External Rotation - Keep elbow bent at 90 degrees at side. Holding light weight, raise hand away from stomach. Slowly return. Repeat 10 times. Do 3 sessions a day.

Shoulder Adduction (Isometric) - Press upper arm against a small pillow alongside your body. Hold 5 seconds. Repeat 10 times. Do 3 sessions a day.

Shoulder Abduction (Isometric) - Resist upward motion to the side, push arm against back of chair. Hold 5 seconds. Repeat 10 times. Do 3 sessions a day.

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PHYSICAL PROFILE
For use of this form, see AR 40-501; the proponent agency is the Office of The Surgeon General

1. MEDICAL CONDITION: SHOULDER DISLOCATION

2.

P	U	L	H	E	S

3. ASSIGNMENT LIMITATIONS ARE AS FOLLOWS:
WEEKS 1 -4 , NO UPPER BODY PT, NO OVERHEAD ACTIVITIES, NO RUCK, NO LIFTING >15LBS.

CODES

4. THIS PROFILE IS ☐ PERMANENT ☒ TEMPORARY EXPIRATION DATE:

5. THE ABOVE STATED MEDICAL CONDITION SHOULD NOT PREVENT THE INDIVIDUAL FROM DOING THE FOLLOWING ACTIVITIES

☒ Groin Stretch	☒ Thigh Stretch	☒ Lower Back Stretch	☐ Neck & Shoulder Stretch	☐ Neck Stretch
☒ Hip Raise	☒ Quads Stretch & Bal.	☒ Single Knee to Chest	☐ Upper Back Stretch	☒ Ankle Stretch
☒ Knee Bender	☒ Calf Stretch	☒ Straight Leg Raise	☐ Chest Stretch	☒ Hip Stretch
☐ Side-Straddle Hop	☒ Long Sit	☐ Elongation Stretch	☐ One-Arm Side Stretch	☐ Upper Body Wt Tng
☐ High Jump	☒ Hamstring Stretch	☐ Turn and Bounce	☐ Two-Arm Side Stretch	☒ Lower Body Wt Tng
☒ Jogging in Place	☒ Hams. & Calf Stretch	☐ Turn and Bend	☐ Side Bender	☐ All

6. AEROBIC CONDITIONING EXERCISES

- ☒ Walk at Own Pace and Distance
- ☒ Run at Own Pace and Distance
- ☒ Bicycle at Own Pace and Distance
- ☐ Swim at Own Pace and Distance
- ☒ Walk or Run in Pool at Own Pace

- ☐ Unlimited Walking
- ☐ Unlimited Running
- ☐ Unlimited Bicycling
- ☐ Unlimited Swimming

- ☐ Run at Training Heart Rate for ____ Min.
- ☐ Bicycle at Training Heart Rate for ____ Min.
- ☐ Swim at Training Heart Rate for ____ Min.

7. FUNCTIONAL ACTIVITIES

- ☐ Wear Backpack (40 Lbs.)
- ☒ Wear Helmet
- ☐ Carry Rifle
- ☐ Fire Rifle

With Hearing Protection

- ☒ KP/Mopping/Mowing Grass
- ☒ Marching Up to 2 Miles
- ☒ Lift Up to 15 Pounds
- ☐ All

PHYSICAL FITNESS TEST

☒ Two Mile Run	☒ Walk
☐ Push-Ups	☐ Swim
☒ Sit-Ups	☒ Bicycle

8. TRAINING HEART RATE FORMULA

MALES 220 FEMALES 225

MINUS (-) AGE
MINUS (-) RESTING HEART RATE
TIMES (X) % INTENSITY
PLUS (+) RESTING HEART RATE

50% EXTREMELY POOR CONDITION
60% HEALTHY, SEDENTARY INDIVIDUAL
70% MODERATELY ACTIVE, MAINTENANCE
80% WELL TRAINED INDIVIDUAL

9. OTHER

TYPED NAME AND GRADE OF PROFILING OFFICER	SIGNATURE	DATE
TYPED NAME AND GRADE OF PROFILING OFFICER	SIGNATURE	DATE

ACTION BY APPROVING AUTHORITY

PERMANENT CHANGE OF PROFILE ☐ APPROVED ☐ NOT APPROVED

TYPED NAME, GRADE & TITLE OF APPROVING AUTHORITY	SIGNATURE	DATE

ACTION BY UNIT COMMANDER

THIS PERMANENT CHANGE IN PROFILE SERIAL ☐ DOES ☐ DOES NOT REQUIRE A CHANGE IN MEMBER'S
☐ MILITARY OCCUPATIONAL SPECIALTY ☐ DUTY ASSIGNMENT BECAUSE:

TYPED NAME AND GRADE OF UNIT COMMANDER	SIGNATURE	DATE

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name (last, first, middle); grade; SSN; hospital or medical facility)*	UNIT ISSUING CLINIC AND PHONE NUMBER DISTRIBUTION UNIT COMMANDER - ORIGINAL & 1 COPY HEALTH RECORD JACKET - 1 COPY CLINIC FILE - 1 COPY MILPO - 1 COPY

DA FORM 3349, MAY 86 REPLACES DA FORM 5302-R (TEST) DATED FEB 84 AND DA FORM 3349 DATED 1 JUN 80, WHICH ARE OBSOLETE
USAPPC V 1.00

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PATIENT INFORMATION

Definition	A shoulder dislocation is when the top part of the arm bone (humeral head) slips out of its socket (glenoid).
Details	Forward (anterior) dislocations are most common. When this occurs the anterior inferior labrum (a piece of cartilage that stabilizes the shoulder) frequently is torn. This is known as a Bankart lesion. A dent in the humerus bone known as a Hill-Sachs lesion may accompany the Bankart lesion in severe dislocations. Shoulder dislocations can also occur backward (posterior) and downward (inferior). Repeated dislocations and multidirectional shoulder instability are also possible.
Causes	Falling is the most common cause of a new shoulder dislocation. A dislocation can also occur when the arm is forcibly moved into an awkward position during a violent action such as tackling in football. If a dislocation or partial dislocation (medically known as a subluxation) occurs with only minor force, recurrent or multidirectional instability must be considered.
Diagnosis	A shoulder dislocation is diagnosed when a patient presents with a history of a fall with subsequent pain around the shoulder. Typically, a visible deformity is seen in front of the shoulder. The patient will also not be willing to move the arm due to pain. X-rays are used to confirm the dislocation and rule out any fracture around the shoulder. Occasionally, an MRI is needed to further access any damage that may have occurred when the shoulder dislocated. The MRI can determine if a tear of the anterior inferior labrum has occurred. The tear can be associated with a small bony fragment of the shoulder socket (Glenoid). Think of the shoulder joint as a golf ball and tee. When it dislocates the front part of the tee breaks and then the ball falls off the tee.
Treatment	**Nonoperative**: For first time dislocations, a sling and activity restriction is used for several weeks. A supervised physical therapy program is also crucial to prevent repeated dislocations. The therapy is directed at strengthening the muscles around the shoulder and upper back that help stabilize the shoulder in its socket.

	Operative: For young patients, there is a high risk of recurrent dislocation. For these patients with repeated dislocations, surgery may be indicated. The surgery involves repairing and tightening the structures within the shoulder that were damaged during the dislocation. The most common procedure is an open reconstruction. Arthroscopic (minimally invasive) reconstruction techniques, however, are evolving regarding the treatment of shoulder dislocations. Application of these techniques such as thermal stabilization and arthroscopic repair are becoming more popular and effective.
Prevention	Maintaining excellent strength and stability of the shoulder and upper back muscles may help prevent some dislocations.

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Input was provided by:

- Occupational Therapy Clinic
- Physical Therapy Clinic
- Orthopedic Clinic
- Family Practice Clinic
- Okubo Clinic
- 555 Engineers
- 1st Brigade
- 3rd Brigade
- 62nd Medical Brigade

POC:

- Outcome Management

References:

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- http://www.emedx.com/emedx/diagnosis_information/shoulder_disorders/shoulder_dislocation_xrays.htm